

TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT
Donation/Grant Form

Please refer to [Board Policy 3290](#) for additional information

The donation/grant is intended for school Department ACMS Band

Type of Donation: monetary

I. DONOR'S NAME/ADDRESS: Truckee Optimist Club P.O. Box 1859, Truckee, CA 96160

II. DONOR'S STATEMENT: (Please describe the donation/grant in detail.) You may attach a separate document if needed.

Alder Creek Middle School Band

a. DESCRIPTION OF DONATION/GRANT

1. Estimated value or cost: \$ 1,000.00

2. Will the donation be used for activities or instruction? Yes

3. Will the donation be used for before or after-school activities or instruction? Yes

4. Will the donation be used for specific programs approved by the school Board? Yes

5. Will the donation be used only at a specific school site? Yes

6. Is this a grant? No If yes, please attach a copy of the grant application.

<u>on file</u>	<u>12/12/2024</u>	<u>Hien Larson</u>	<u>12/12/2024</u>
Signature of Donor	Date	Signature of Principal/Administrator	Date

III. SUPERINTENDENT CHIEF LEARNING OFFICER RECOMMENDATION:

Before accepting, the Superintendent CLO or designee has considered whether the award:

1. Has a purpose consistent with the district's vision and philosophy.
2. Does not begin a program that the Board would be unable or unwilling to continue when the donated funds are exhausted.
3. Does not entail undesirable new or additional costs.
4. Adheres to BP 1325 regarding endorsement of business or product.
5. Provides comparable educational opportunities for all students at all schools.
6. Does not require employment or compensation of personnel.
7. Does not place unacceptable restrictions on educational or extracurricular programs or the school district.
8. Is not inappropriate or detrimental to the best education of students.
9. Meets any applicable federal, state, or local and school district regulations/guidelines associated with its construction or use.
10. Meets current health and safety standards.

➤ Kerstin Kramer 12/12/2024
Superintendent CLO **Date**

IV. Board Meeting Date: _____